

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	1776/00039	
		First Named Inventor or Application Identifier		Fumitaka Sugaya
		Title	A Semiconductor Device And A Method Of Manufacturing The Same	
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		Express Mail Label No.		

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		Assistant Commissioner for Patents ADDRESS TO: Box Applications Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Filing Fee as calculated below.</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 51] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Pages 33]</p> <p>4. Oath or Declaration [Total Pages 1]</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) <p>5. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>			
<p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies 			
ACCOMPANYING APPLICATION PARTS			
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other: Priority Claim from Jap 9-116322 filed April 18, 1997</p>			

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
 Continuation Divisional Continuation-in-part (CIP) of prior application No. 09/059,590

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		<i>(Insert Customer No. or Attach bar code label here)</i>		<input checked="" type="checkbox"/> Correspondence address below	
NAME		Pollock, Vande Sande & Amernick, R.L.L.P.			
ADDRESS		Suite 800			
		1990 M Street, N.W.			
CITY	Washington	STATE	DC	ZIP CODE	20036-3425
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229

PC 575 U.S. PTO
09/387857
09/016

Fee Calculation and Transmittal

(Col 1)		(Col 2)		(Col 3)		OR	SMALL ENTITY		NON-SMALL ENTITY	
NO. FILED		NO. ADDED		NO. EXTRA			RATE	FEES	RATE	FEES
TOTAL	18	minus	20	=	0	x9=	\$	x18=	\$0	
INDEP	5	minus	3	=	2	x39=	\$	x78=	\$156	
<u>First Presentation, Multiple Dependent Claims</u>						+130=	\$	+260=	\$0	
							\$380			
Base Filing Fee							\$760			
Other Fee (specify purpose) _____							\$		\$	
TOTAL FILING FEE* (accounting for possible small entity status)							\$	OR	TOTAL	
							\$916			

A check in the amount of \$916.00 to cover the filing fee is enclosed.

No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.

Charge the amount of _____ as filing fee

Credit any overpayment.

Charge any additional filing fees required under 37 CFR § 1.16 and 1.17

Charge the Issue Fee set in 37 CFR § 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR § 1.311(b)

Name (Print/Type)	ELZBIETA CHLOPECKA	Registration No. (Attorney/Agent)	32,767
Signature	Jeffri G. Kanski ^{for} 	43,709	Date 9/1/99